

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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GUY P. JONES
EDITOR

SMALLPOX BECOMES MORE EXTENSIVE

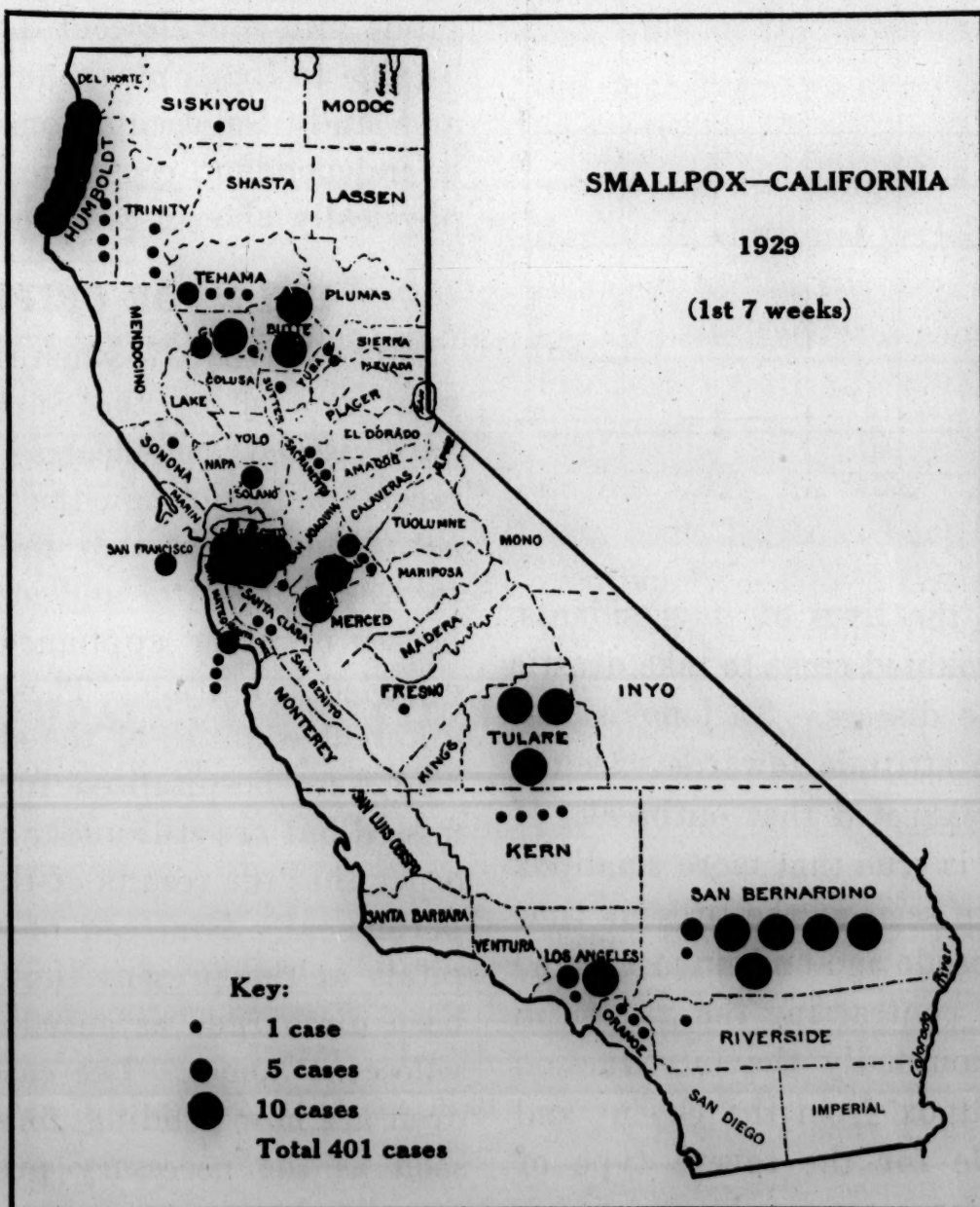
During the first seven weeks of the present year, 401 cases of smallpox have been reported in California. The distribution of these cases is as follows:

Alameda County-----	101	Los Angeles County----	16
Humboldt County-----	84	Glenn County-----	16
San Bernardino County--	56	Santa Cruz County-----	8
Tulare County-----	30	Tehama County-----	8
Stanislaus County-----	27	Solano County-----	5
Butte County-----	20	San Francisco County--	5

The remaining 25 cases are scattered throughout the state. It is apparent that smallpox is becoming more prevalent, with the probability that the number of cases to be reported during coming weeks will show continued increases. The development of outbreaks of smallpox depends altogether upon the numbers of successfully vaccinated individuals living in the various communities of California. Smallpox seldom becomes epidemic in any community where at least half of its residents are successfully vaccinated; the immune individuals serve as a barrier which protects

the unvaccinated from exposure to the disease. Vaccination is not compulsory and the State Department of Public Health takes the position that the merits of vaccination are so well known that there can be no excuse for any individual who desires to be safeguarded against smallpox not to take advantage of the sure protection that vaccination affords.

It would seem that there is a growing opinion within the state that the responsibility for protection against smallpox, ordinarily, rests with the individual to a greater degree than it does with the community itself. It is recognized, however, that the physician has a definite responsibility in this matter and that every physician should make certain that all of his patients have been immunized against the disease. The State Department of Public Health believes that there is no occasion for any animosity to exist and if an individual desires to be made immune against this disease he

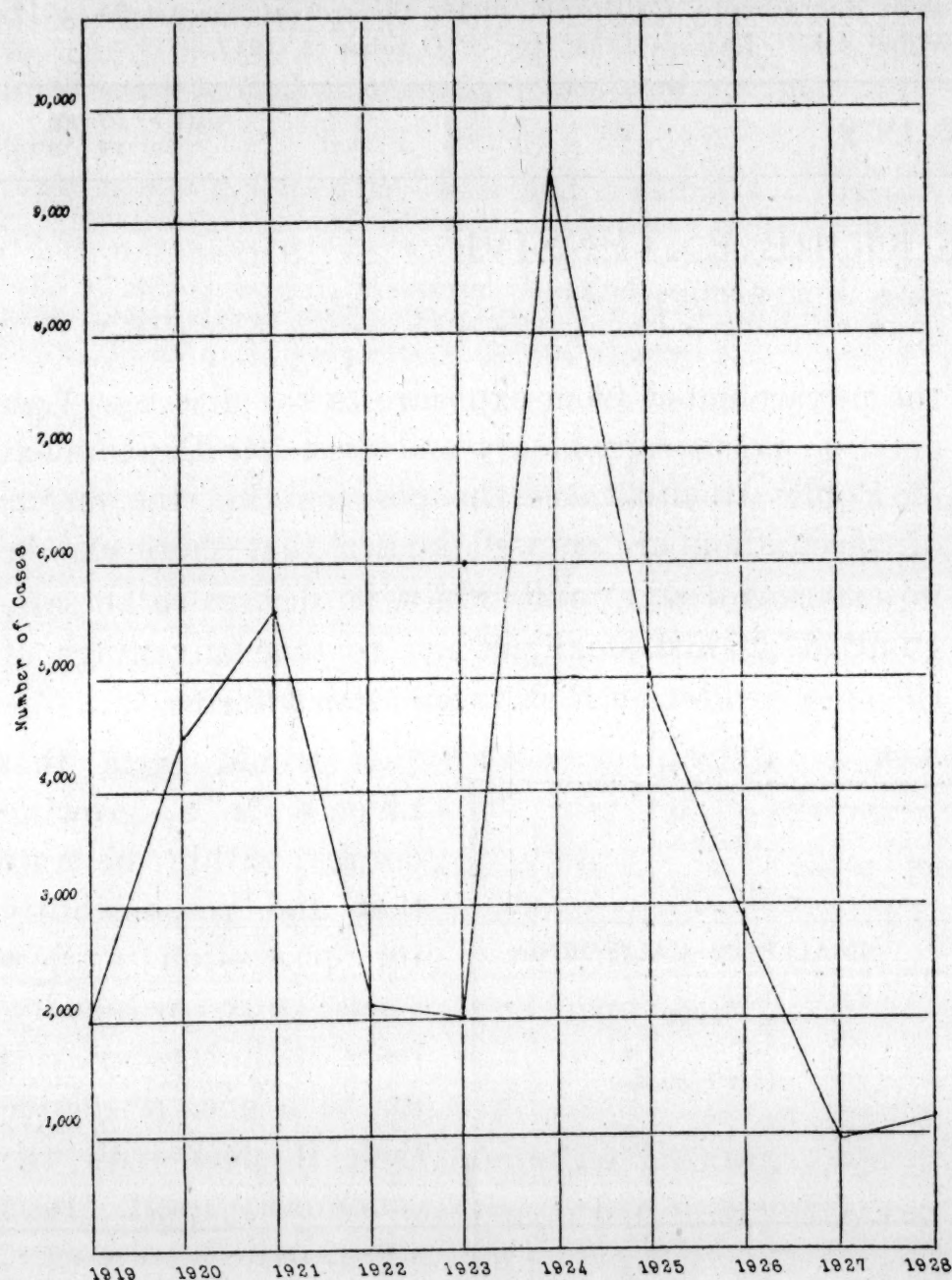


can secure such safeguard to his health at little or no cost. If he desires to take chances of contracting the disease he may do so.

Unfortunately, however, this does not provide essential protection for little children who are unable to exercise judgment in the matter. The responsibility of parents, for this reason, becomes of great importance.

To be sure, when smallpox becomes of widely epidemic proportion in any community, so as to con-

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stitute a great menace to the lives of its residents, health officers have the undoubted right to take drastic steps in the control of the disease. So long as the public maintains a passive attitude towards vaccination, however, it must be expected that outbreaks of this disease will occur. It is true that more smallpox cases of a virulent type are seen at the present time than were encountered a decade ago and unvaccinated individuals run the risk of contracting the disease in a most severe form. Undoubtedly the introduction of virulent strains of smallpox from the Orient and from Mexico is responsible for the severe type of smallpox that is now seen more commonly.

REHABILITATION OF THE TUBERCULOUS

Rehabilitation of the tuberculous is an important part of their treatment. To be sure, the process of arresting the development of the infection is of first importance, but careful supervision and guidance during the long period of convalescence is of equal importance. After these patients gain strength, there must be provision for vocational training. The revival of old interests and the formation of new interests will help immeasurably in bringing about recovery. The Bureau of Tuberculosis of the State Department of Public Health is accomplishing considerable work in the promotion of vocational training among convalescent patients in those institutions which come under the supervision of the bureau. In the northern part of California, 24 tuberculous patients are now receiving training for positions which they may occupy after being discharged from the institutions where they are now under treatment. The Director of the Bureau of Tuberculosis reports that the average cost for the rehabilitation of these 24 patients for a period of a little more than eight months has been only \$132. In the southern part of the state on January 1, there were 55 such patients in training and 14 of them are already gainfully employed. Pending legislation makes provision for the establishment of county tuberculosis preventoria and similar institutions where the convalescent patients may be transferred out of the hospitals into convalescent departments where they may be able to live a more normal life, test their strength and study for occupations which will enable them to be independent, economically, as soon as they may be physically able to carry on.

HELP FOR CRIPPLED CHILDREN

Since May, 1927, when the Crippled Children's Act went into effect, the Superior Courts of California have issued certificates enabling 87 children to receive help through the beneficent provisions of the act. This means that these children have been able to receive hospital and surgical care, physiotherapy, braces or other appliances that might relieve their crippled condition. These 87 children reside in 33 different counties of the state. Thirty-eight of those who were hospitalized for treatment have been dismissed but are still under observation, periodically, in order that the results of their treatment may be made permanent. Nineteen of these children are in hospitals at the present time. Ten such children have been discharged as cured and three are now in convalescent homes. The cases of eleven crippled children are now pending, final disposition to be made as soon as the necessary preliminary steps have been completed.

THIRTIETH BIENNIAL REPORT ISSUED

The Thirtieth Biennial Report of the State Board of Public Health, which is the first report of the State Department of Public Health, has been published. In many respects it is vastly different from the first biennial report of the board, which was issued in 1870. A large number of the public health problems that existed sixty years ago have been brought to a complete solution. At that time the Massachusetts State Board of Health and the California State Board of Health were the only state boards of health in the country. Californians may well be proud of the fact that this state, separated from the Atlantic Coast by vast stretches of plain, mountain and desert, was, at that early date, able to be the second state to establish a public health organization.

The status of communicable diseases in California during the past two years has been uniformly satisfactory. The most severe outbreak to occur during the biennial period was that of epidemic poliomyelitis, which occurred in 1927. More than 1280 cases and 28 deaths were reported. The Crippled Children's Act enabled the State Department of Public Health to make a survey of cases of paralysis left in the wake of this state-wide epidemic. Each county where poliomyelitis had been reported heavily was visited and arrangements were made for the care and treatment of children who were crippled by this disease. While this epidemic was particularly intensive and was particularly disastrous in the damages which it inflicted by death and paralysis, it was in no way more devastating than epidemics that occurred in other states during the same year.

Marked reductions were noted in smallpox, diphtheria, typhoid fever, malaria and other communicable diseases which are generally reported in large numbers. Scarlet fever showed a slight increase but the form of the disease was very mild. This disease has become so mild in character, in fact, that great difficulty is often encountered in making a definite diagnosis.

DR. FOX HONORED BY HEALTH ASSOCIATION

Dr. Warren F. Fox, city health officer of Pasadena, recently was elected president of the Southern California Public Health Association, succeeding Dr. John L. Pomeroy, Los Angeles county health officer, whose term as president of the association expired.

Dr. John J. Sippy of Stockton was recently elected president of the Northern California Public Health Association in place of Dr. William C. Hassler, city health officer of San Francisco, whose term ended December 31, 1928.

INEDIBLE NUTS REMOVED FROM MARKET

The Bureau of Foods and Drugs has been active during the past season in removing from the market large quantities of inedible nuts. Between 350,000 and 400,000 pounds of inedible walnuts have either been denatured, destroyed or used for hog feed. All of these nuts contained too large a percentage of mouldy, rancid or wormy meats which made them unfit for human consumption. The limit of tolerance for shelled nuts is 5 per cent inedible. In the lots which have been quarantined during the past season, the inedible proportion has varied from 26 to as high as 50 per cent. Whenever possible, the owners of this food product have been permitted to re-sort the nut meats under rigid inspection, the nuts remaining in quarantine during the re-sorting process. In cases where the material has been too badly contaminated with mouldy, rancid or wormy meats, re-sorting has not been permitted, necessitating its use for hog feed. It is noteworthy, however, that large quantities of such nuts can be manufactured into oil, and the records of a single mill in Los Angeles show that about 350,000 pounds of inedible walnuts have been sent to the mill for manufacture into oil.

FEW CASES OF BOTULISM REPORTED

In 1926 there was one case of botulism due to the use of a home canned vegetable and in 1927 another case, due to the same cause, was reported. During the same year two cases occurred, the source of which was attributed to home-canned pears. The exact source for the single remaining case that occurred during the biennial period is obscure. Since the establishment of the Division of Cannery Inspection, danger of botulism from commercially canned vegetables has been practically eliminated. If housewives were universally provided with apparatus which would enable them to subject home-canned products to a very high degree of heat, botulism might be controlled completely. The Division of Cannery Inspection enforces regulations for the proper cooking of olives, spinach, squash, string beans, asparagus, tomatoes and certain kinds of fish.

MORBIDITY ***Diphtheria.**

70 cases of diphtheria have been reported, as follows: Oakland 2, Butte County 2, Fresno 1, Imperial County 5, Brawley 2, Calexico 1, Bishop 1, Kern County 1, Los Angeles County 7, Burbank 1, Glendale 1, Huntington Park 1, Los Angeles 17, Signal Hill 1, Orange County 1, Anaheim 2, Santa Ana 1, Garden Grove 1, Sacramento 2, San Bernardino County 1, San Diego 3, San Francisco 12, Santa Barbara County 1, San Jose 1, Tulare County 1, California 1.

* From reports received on February 25 and 26 for week ending February 23.

Scarlet Fever.

391 cases of scarlet fever have been reported, as follows: Alameda County 2, Berkeley 17, Oakland 26, Piedmont 2, San Leandro 1, Butte County 2, Calaveras County 17, Fresno County 3, Fresno 10, Imperial County 2, Brawley 2, Kern County 4, Taft 3, Lassen County 2, Los Angeles County 28, Burbank 1, Compton 1, Glendale 1, Huntington Park 2, Inglewood 1, Long Beach 8, Los Angeles 56, Pomona 2, San Fernando 3, Torrance 2, Hawthorne 1, Maywood 1, Bell 1, Madera County 8, Marin County 2, Mendocino County 1, Monterey County 4, Grass Valley 1, Fullerton 1, Orange 1, Riverside 3, Sacramento 23, San Benito County 2, Hollister 4, Ontario 1, Upland 4, San Diego County 2, San Diego 35, San Francisco 32, San Joaquin County 2, Stockton 21, Tracy 1, San Luis Obispo County 2, Santa Barbara County 3, Gilroy 10, San Jose 5, Vacaville 1, Santa Rosa 4, Tehama County 2, Tulare County 3, Porterville 1, Tuolumne County 5, Sonora 6.

Measles.

47 cases of measles have been reported, as follows: Berkeley 1, Oakland 2, Contra Costa County 1, Crescent City 1, Humboldt County 1, Calxico 2, Inyo County 1, Taft 1, Lassen County 1, Los Angeles County 1, Burbank 1, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 11, Whittier 2, Anaheim 1, Plumas County 2, Riverside 1, San Diego 4, San Francisco 4, Santa Barbara County 1, Lompoc 3, Tehama County 1.

Smallpox.

65 cases of smallpox have been reported, as follows: Alameda County 9, Berkeley 2, Oakland 5, Humboldt County 7, Eureka 9, Los Angeles County 7, South Gate 1, Riverside 1, San Mateo 1, Watsonville 3, Tehama County 1, Trinity County 9, Tulare County 4, Exeter 1, Visalia 5.

Typhoid Fever.

4 cases of typhoid fever have been reported, as follows: Hayward 1, Los Angeles 2, San Joaquin County 1.

Whooping Cough.

153 cases of whooping cough have been reported, as follows: Berkeley 1, Hayward 1, Oakland 17, Piedmont 1, San Leandro 1, Contra Costa County 2, Concord 3, Imperial County 1, Inyo County 1, Los Angeles County 22, Azusa 2, Claremont 2, Glendale 1, Glendora 1, Huntington Park 4, Inglewood 1, Long Beach 2, Los Angeles 18, Pomona 1, Whittier 2, South Gate 1, Maywood 4, Bell 2, Anaheim 4, Sacramento 11, Redlands 2, San Diego County 1, National City 3, San Diego 8, San Francisco 16, San Joaquin County 2, Lodi 4, Santa Clara County 4, Palo Alto 1, San Jose 4, Watsonville 1, Red Bluff 1.

Meningitis (Epidemic).

13 cases of epidemic meningitis have been reported as follows: Berkeley 1, Oakland 1, Fresno 1, Selma 1, Imperial County 1, Kern County 1, Los Angeles 3, Sacramento County 1, Sacramento 1, San Francisco 2.

Leprosy.

2 cases of leprosy have been reported, as follows: Los Angeles 1, Sacramento 1.

Poliomyelitis.

2 cases of poliomyelitis have been reported, as follows: Orange County 1, Sacramento 1.

Encephalitis (Epidemic).

5 cases of epidemic encephalitis have been reported, as follows: Inyo County 1, Los Angeles County 1, Los Angeles 1, Monrovia 1, San Francisco 1.

Botulism.

Los Angeles reported two cases of botulism.

Jaundice (Epidemic)

Tulare County reported one case of epidemic jaundice.

COMMUNICABLE DISEASE REPORTS

Disease	1929				1928			
	Week ending			Reports for week ending Feb. 23 received by Feb. 26	Week ending			Reports for week ending Feb. 25 received by Feb. 28
	Feb. 2	Feb. 9	Feb. 16		Feb. 4	Feb. 11	Feb. 18	
Anthrax.....	0	0	0	0	0	0	0	1
Botulism.....	0	3	0	2	0	0	0	0
Chickenpox.....	379	454	507	488	465	592	522	516
Diphtheria.....	67	79	68	70	146	130	110	124
Dysentery (Bacillary).....	0	0	0	0	2	4	2	1
Encephalitis (Epidemic).....	1	4	0	5	1	0	0	0
Food Poisoning.....	2	0	10	0	0	0	0	0
German Measles.....	21	38	41	24	301	333	361	355
Gonococcus Infection.....	160	127	86	98	97	120	104	77
Influenza.....	186	171	245	133	59	57	56	51
Jaundice (Epidemic).....	1	1	0	1	0	2	0	0
Leprosy.....	0	0	0	2	0	0	0	1
Malaria.....	0	0	1	0	0	0	15	0
Measles.....	81	66	58	47	134	151	164	151
Meningitis (Epidemic).....	18	17	16	13	4	10	7	4
Mumps.....	230	262	322	280	218	269	289	229
Ophthalmia Neonatorum.....	1	3	1	0	0	1	1	0
Paratyphoid Fever.....	0	0	0	0	0	0	0	0
Pellagra.....	1	1	0	1	0	0	0	0
Pneumonia (Lobar).....	60	77	99	91	103	103	71	56
Poliomyelitis.....	1	4	3	2	17	13	8	6
Rabies (Animal).....	21	11	8	18	19	18	18	15
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	371	354	384	391	226	189	253	229
Smallpox.....	71	95	78	65	39	50	21	32
Syphilis.....	170	163	160	157	167	119	157	91
Tetanus.....	1	1	0	2	0	2	0	0
Trachoma.....	4	1	1	3	10	2	5	4
Trichinosis.....	0	0	0	0	2	0	1	0
Tuberculosis.....	276	260	232	206	229	181	152	203
Typhoid Fever.....	6	7	11	4	14	4	12	7
Whooping Cough.....	198	179	172	153	115	156	157	124
Totals.....	2327	2378	2503	2243	2368	2506	2486	2277

CHICKENPOX, MUMPS
AND SCARLET FEVER
show significant increases.
Contrary to popular opinion,
considerable can be accom-
plished in the prevention of
these diseases, provided that
parents will cooperate.